

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dsps.wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CHARITABLE ORGANIZATION REGISTRATION STATEMENT

Type or Print in Ink

Name of Organization

Other Names Used for Soliciting

Daytime Telephone Number

() _____ - _____

Address (Number, Street, City, State, Zip Code)

If the above organization has any offices in Wisconsin, please provide the address and telephone number of each office, or, if the charitable organization does not have an address, please list the name, address and telephone number of the person or persons having custody of its financial records.

Type of Organization

☐ Corporation ☐ Partnership ☐ Individual ☐ Other: _____

Date Incorporated or Established and Location

Check here if non-stock
Not-for-Profit Corporation

☐

Month and day on which your fiscal year ends: _____

APPLICATION FEE:

Please make checks payable to the Department of Safety and Professional Services. Attach check to this application.

\$15.00 Initial Credential fee

For Receipting Use Only

For Office Use Only	
Registration Number	Registration Date

Wisconsin Department of Safety and Professional Services

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1. Is your organization tax exempt? ☐ Yes ☐ No
If **YES**, **attach a copy** of the determination letter from the IRS.
If **NO**, has your organization filed with the IRS an Application for Recognition of Exemption (Form #1023)? ☐ Yes ☐ No
If **YES**, **attach a copy**.
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2. A. Did your organization solicit or conduct fund-raising in Wisconsin during its most recently-completed fiscal year? ☐ Yes ☐ No
B. During the current fiscal year? ☐ Yes ☐ No
If you answered YES to question 2A, a financial report must be submitted for your organization's most recently-completed fiscal year. Please refer to information relating to financial reports, enclosed with the application packet.
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3. Does your organization use a professional fund-raiser to solicit contributions in Wisconsin by mail, telephone or any other means of communication? ☐ Yes ☐ No
Does your organization use a fund-raising counsel to plan, manage or advise you with respect to solicitations in Wisconsin? ☐ Yes ☐ No
If YES, provide the name and address of the fund-raiser or fund-raising counsel.
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4. If your organization uses a fund-raising counsel, does the fund-raising counsel, at any time, have custody of any contributions? ☐ Yes ☐ No
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5. List other states with which your organization is registered or from which it has a permit, license or any other formal authorization for soliciting contributions.
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6. Has a license, permit, or registration of your organization ever been DENIED or REVOKED by another governmental agency or are proceedings pending? ☐ Yes ☐ No
If YES, attach a detailed statement of explanation.
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7. Has your organization ever been enjoined from soliciting contributions or are proceedings pending? ☐ Yes ☐ No
If YES, attach a detailed statement of explanation.
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8. Have any of your organization's officers or executive personnel ever been convicted of a felony or misdemeanor, or are charges pending? ☐ Yes ☐ No
If YES, complete and attach Convictions and Pending Charges (Form 2252) with all supporting documentation.
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9. Foreign corporations must provide a copy of the Certificate of Incorporation issued by the state in which they are incorporated.
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10. Attach copy of your organization's Charter, Articles of Incorporation, Agreement of Association, Instrument of Trust, Constitution or other organizational instrument **AND** bylaws.
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11. Attach statement explaining how your organization will use contributions received.
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12. List all officers, directors, trustees and executive personnel. MARK IN THE FIRST COLUMN ALL INDIVIDUALS WHO ARE RESPONSIBLE FOR DECIDING HOW CONTRIBUTIONS WILL BE USED. Use a separate sheet if necessary.

X	NAME	ADDRESS	TITLE

13. List the names of the person(s) within your organization who have final responsibility for the custody of contributions received by your organization (who is responsible for deposit and withdrawal of funds to/from bank account). Use a separate sheet if necessary.

NAME	ADDRESS	TITLE

CERTIFICATION: *We certify that the information furnished in this statement and all continuation sheets are true and correct to the best of our knowledge.*

TWO DIFFERENT NOTARIZED SIGNATURES ARE REQUIRED BY LAW.

Date

Signature of President or Authorized Officer

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public (Seal)

Date Commission Expires

Date

Signature of Chief Fiscal Officer

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public (Seal)

Date Commission Expires